

Income Verification Request or Refusal of Income Verification

Date: _____

Parent's Name(s): _____

Address: _____

Phone Number: (_____) _____

Child's Name: _____

Child's CBIS Number: _____

Check the box that applies to you and follow the directions:

- ☐ I want my income verified for the First Steps Family Share by the First Steps office and attach the following information:
1. Number of members in the household _____
 2. Copy of our latest 1040, 1040A, 1040EZ, pay stub or other document that states our annual adjusted gross income.

OR

- ☐ I am refusing to have my income verified and want contact from the First Steps central office to discuss my Family Share. I understand that I will be assessed \$50/month Family Share for refusing to have my income verified.

Signed: _____

Relationship to Child: _____

Send form and attachments to: Financial Case Manager, CCSHCN, 982 Eastern Parkway, Louisville, KY 40217

For Office Use Only

Date Received: _____

Processed by: _____

Family Share Category: _____

cc: CBIS